

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007152

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1000 Registrar's No. 820

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
MEDICAL CERTIFICATION
Harry C. Wall

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in lb 44 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2905 CAMPBELL STREET BEACON HILL NURSING HOME		d. STREET ADDRESS (If outside, give location) 4049 FOREST AVE.	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First THOMAS Middle JAMES Last WILLIAMS		4. DATE OF DEATH Month FEBRUARY Day 5 Year 1963	
5. SEX MALE	6. COLOR OR RACE CAUC.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/7/1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SERVICE STATION		10b. KIND OF BUSINESS OR INDUSTRY OPERATOR SELF-EMPLOYED	
11. BIRTHPLACE (City and state or country) ATCHISON, KANSAS		12. CITIZEN OF WHAT COUNTRY U.S. A.	
13a. FATHER'S NAME WILLIAM WILLIAMS		13b. MOTHER'S MAIDEN NAME NANCY (UNKNOWN)	
14. NAME OF HUSBAND OR WIFE BERTHA WILLIAMS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address MURYL HARBOLT, 6002 HARRISON STREET KANSAS CITY, MO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia DUE TO (b) Senility DUE TO (c) [REDACTED] Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 1 wk	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Aug 1961 to present and last saw her alive on Feb 1, 1963 Death occurred at 5:30 P. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Harry C. Wall M.D.		22b. ADDRESS 751 E 63rd	
22c. DATE SIGNED 2/6/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE FEB 7 1963	23c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY KANSAS
24. FUNERAL DIRECTOR J.W. NEWCOMER'S SONS, KANSAS CITY, MO		25. DATE RECD. BY LOCAL REG. 2-6-63	
26. REGISTRAR'S SIGNATURE [Signature]			

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Indy, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

28. Henry C. Hall
Avenue #250 - 751 East 65th Street
1:00-5:00
24 - 0
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